

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155649		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/22/2013	
NAME OF PROVIDER OR SUPPLIER  MCCORMICK'S CREEK REHABILITATION & SKILLED NURSING				STREET ADDRESS, CITY, STATE, ZIP CODE 210 STATE HWY 43 SPENCER, IN 47460			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K010000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/22/13</p> <p>Facility Number: 010478 Provider Number: 155649 AIM Number: 200197620</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, McCormick's Creek Rehabilitation &amp; Skilled Nursing was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors, in resident rooms and in spaces open to the corridors.</p>		K010000	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

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	<p>The facility has a capacity for 87 and had a census of 72 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has a detached shed and an off site water treatment building which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/26/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K010070 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8</p> <p>Based on observation and interview, the facility failed to provide a policy governing space heaters to ensure any heating element in 4 of 4 space heaters and electric fire places would not exceed 212 degrees Fahrenheit (F). This deficient practice affects visitors, staff and 10 or more residents using common areas equipped with electric fireplaces and the MDS office.</p> <p>Findings include:</p> <p>Based on observation with the environmental services director on 07/22/13 between 12:20 p.m. and 3:00 p.m., electric fire places were observed in the front lobby and two other resident common areas; their heating element connections were disconnected. In addition, a space heater stood in the corner of the MDS office; the heater was not in use. The environmental services director said at the time of the observations, he was unaware of the space heater in the MDS office and the heating elements for the fireplaces had been</p>		K010070	<p>The space heater located in the MDS Office was removed from the facility and the electric fire places were inspected to assure that they were disconnected and were not operable. A Policy for Space Heaters was developed that states "no space heaters will be permitted in Resident Areas and space heaters are permitted in nonresident areas only with documentation showing that the heaters do not exceed 212 degrees and with the prior approval from the Maintenance Director". Entire facility was inspected to assure there were no other space heaters present that could pose a risk. None were found. All staff that occupy offices were inserviced on the Policy for Space Heaters that was developed on 7/26/2013. The Maintenance Supervisor will inspect facility monthly to assure there are no Space Heaters present without proper documentation and approval. The Maintenance Supervisor will report any noncompliance with the policy to the Quality Assurance Committee on a monthly basis for 90 days and will cease reporting at the</p>		07/26/2013	

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	disconnected to prohibit their use as heaters. He said there was no written policy regarding the use of space heaters and electric fireplaces.  3.1-19(b)			recommendation of the QA Committee.			

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K010147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords was not used as a substitute for fixed wiring. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 1 staff observed in the laundry.</p> <p>Findings include:</p> <p>Based on observation with the environmental services director on 07/22/13 at 1:05 p.m., a power strip extension cord provided power for the automatic soap dispensing system in the laundry room. The environmental services director said at the time of observation, the receptacle did not have enough outlets for the system.</p> <p>3.1-19(b)</p>			K010147	<p>The flexible electrical cord for the dispensing system in the Laundry Room was removed. A new outlet was installed that is capable of allowing additional plugs. All structures throughout the facility were inspected to assure no flexible electrical cords were utilized. None were identified. The Maintenance Supervisor will inspect the dispensing system in the Laundry Room to assure multiple outlet is in good working order weekly for 90 days and report results to the Quality Assurance Committee on a monthly basis.</p>		07/29/2013